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THE PSYCHIATRIC DIVISION OF THE GENERAL HOSPITAL PROGRAM PLANNING ASPECTS*

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This paper presents some of the newer thinking on the role of the psychiatric division in a general hospital. It is a look to the future, and presents some recommendations to be considered in our present planning.

Of significance first is the fact of the growing role of such a unit. Over half of the admissions to all types of psychiatric services are to general hospital facilities in this Country.(1) Among the factors mentioned as responsible for the immense expansion of these units since World War II are (1) the appearance of new diagnostic and therapeutic agents; (2) the growing public demand for better comprehensive medical care; and (3) the growing complexity of psychiatry along with the rest of medicine.

Thus it is hoped that in California, as it already is in some other areas, the psychiatric division of the general hospital can be one of the most dynamic, one of the most powerful forces invented in the attack on this enormous problem of mental illness.

Since the recent announcement of grants of state and federal funds totaling $2,095,000 for psychiatric hospital facilities in local general hospitals, more attention is being given to planning for the inclusion of psychiatric services within these institutions. This article by Dr. Schwartz offers some practical suggestions for the program planning aspects of the psychiatric services within the general hospital.

Basic Philosophy of Program Planning

Here is some of the philosophy underlying the suggestions to be offered for program planning:

(1) Hospitalization is only one phase in the whole chain of events which lead to full effectiveness of the individual in his community.

(2) Since the general hospital stands in the public mind as a place representing the very pinnacle of advanced diagnosis and treatment, there is more and more demand from people that their mentally sick sons and daughters, brothers and sisters, husbands and wives, go to the selfsame hospitals where the wives had their children, where their husbands were treated for injuries or accidents, where their children were operated on so successfully.

(3) The growing complexity of psychiatry, as well as the rest of medicine, dictates that such a range of personnel, such a diversity of skills, such an accumulation of instrumentation as is needed cannot be found except in our large general hospitals and particularly in those connected with universities.

(4) The psychiatric division of a general hospital is no longer a clearinghouse for the state hospital, but is primarily a treatment, a teaching, and a research center for hospitalized psychiatric patients. If psychiatry is to fulfill its proper place, its concepts must be most extensively applied by others than psychiatrists, and training of others is important.

(5) The psychiatric division should not be concerned with treating only disease or its causes, but rather should be concerned with the patient and his illness. Thus this division is a field of social forces wherein are located those agents which we expect to interact therapeutically—namely the therapist, the patient, chemical agents, physical agents, social agents, and above all the patient within the treatment-design for the time he is in the hospital.

(6) Psychiatry is a branch of medicine. It should not remain in the state hospital but should take its place with surgery, medicine, obstetrics, pediatrics, and other branches of medicine.

(7) The patient stays in the hospital only until he is well enough to go home, therefore contact with the patient and family before and after hospitalization is important.

(8) The unit is not a prison, or a custodial or holding unit, and therefore does not need locked doors.

*This paper, presented at the California State Advisory Hospital Council Meeting, August 9, 1957, in Los Angeles, California, is based largely on Dr. D. Ewen Cameron's presentation at the Milbank Memorial Fund annual meeting in 1956.

Program Planning Recommendations

Recommendations for program planning, then, include:

(1) *Open Doors.* This is the most important single goal. It is appreciated that the pressure for locking of doors comes usually not from medicine but rather from social and cultural pressures. New psychiatric divisions of general hospitals that are locked demonstrate a lack of courage, lack of imagination and lack of initiative, and have no place in the forefront of modern psychiatric development. It is we who hide behind the patient's locked door, absolved of having to treat, to experiment, to improvise, to act. We need the urgency of open doors, from which invention leaps to being. Once the doors are open we are faced with the problem of getting the patient out and back to the community, just as we were faced with keeping him in when we had the doors locked.

(2) *Short-term Treatment.* Rarely should it be necessary to commit anyone to a state hospital. In some places patients are now returned to the community after an average stay of 42 days in the general hospital, and it is anticipated that the average stay can be decreased to 20-30 days.

(3) *Therapeutic Communities.* A therapeutic community where the patient can be with others, close to the hospital and to his home after short-term hospital treatment is a possibility.

(4) *Preadmission Service.* The hospital should have an emergency team available to visit the proposed patient in his home. The team ought to be able to (a) quiet the patient with drugs or other techniques, (b) help the family with respect to the precipitating factor leading to the request for hospitalization now, and (c) arrange for an evaluation at the hospital. A stitch in time while the situation is still acute ought to save nine when the situation has become chronic.

A community mental health clinic —a "well-being" clinic—as part of the general hospital, or at least in communication with a general hospital, is important. Here the accent is on evaluation of and with the child, parents, school teacher, pastoral counselor, lawyer, family physician, and other caretaking personnel—the field of forces acting on the problem. Discussion with these people around the presenting problem at a time of concern may enable them to come to their own decision as to how to handle the problem. A waiting list is a deterrent to seeing people early at a time when much can be done easily. Psychotherapy is only one of a list of activities which may help a family with its problems.

From this clinic (it may be in a health department) consultants should be available to other community agencies and groups (clergy, etc.), and further, case conferences around a particular problem ("case") should be available for joint participation by the clinic staff and by the community agency or group.

Work with adult evening education courses for police, etc., can be an integral part of the clinic's function.

Volunteers can interpret the services to service clubs and other community groups and can educate the multidisciplinary staff of the clinic to community problems.

(5) *In-hospital Service.* Service in the hospital should consist of: (a) treatment; (b) research; and (c) training.

(a) *Psychiatric treatment* should include 24-hour care, individual psychotherapy centered around the presenting problem, group therapy, multiple-therapist therapy and/or work with relatives; electroshock therapy, ataraxic type therapy (continuous tubs, wet sheet packs, lobotomy and insulin are becoming outmoded); play-therapy for children; anticonvulsant medication for epilepsy and seizures in mentally retarded children; occupational therapy for helping the patient to become economically independent when he is able to return to his community, rather than only for busy work or "making a relationship."

Research should be concerned with sociological questions of who comes for help? where do they come from geographically and socioeconomically? why do they come now? We need to know whether an inordinately large number of people come from the hard core, multiproblem families which number about 6 percent of the population of the community and use over 50 percent of the services available to that community.[2] For preventive work we need to know who commits suicide (is it doctors two-to-one?),[3] which of those who attempt suicide we can help, and with what kind of treatment or intervention we can help certain ones of them.

Training should include the medical student, the nurse, the psychologist and the social worker; training of volunteers; in-service training or consultation to other professional and nonprofessional personnel in the hospital and, in turn, education by them of psychiatric personnel.

(6) *Posthospital or Followup Care.* Hopefully, the posthospital planning will have been part of the active treatment. Arrangements will have been made prior to discharge for sheltered workshop, Bureau of Vocational Rehabilitation, re-employment on the job after discussion with the employer and the union, or other agencies concerned; home visiting by the public health nurse or social worker; halfway house and ex-patients club arrangements with the mental health association; pastoral counseling with the minister; followup visit to the mental health clinic; arrangements for nursing home care; availability of emergency home care (including homemaking services).

Architects and engineers are now considering how to design and build for the psychiatric patient on the basis of function, rather than molding the function of a ward to the structure of the building. Examples of this trend are given in two articles in the April 1957 issue of *Mental Hospitals*, published by the American Psychiatric Association: "Function as the Basis of Psychiatric Ward Design," by Dr. H. Osmond, and "An Analysis for the Design of Hospital Quarters for the Neuropsychiatric Patient," by Mr. K. Izumi, representative of an architectural and engineering firm.

While we acknowledge the need for more psychiatric space in general hospitals now, it seems a shame to build new buildings based on 50-year-old concepts which may not have helped people to recover from mental illness, but which in fact may have made the illness worse. The area of architectural planning for human

need is still a relatively new one, and the area of architectural and engineering planning for therapeutic function of a psychiatric ward of a general hospital is as new as tomorrow.

The above is only a partial list of desired functions for a psychiatric unit of a general hospital. It does not include, for example, public education and work with community groups concerned with problems such as city planning, which may directly or indirectly have to do with the environment of mental health. No existing unit in or outside of California is known to contain all of the features held to be desirable, nor do we yet know what these features will prove to be.

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Dr. Merrill Made President-elect At APHA Convention

Dr. Malcolm H. Merrill, State Health Director, was named president-elect of the American Public Health Association at the organization's annual convention in St. Louis on October 31st.

A member of APHA since 1939, Doctor Merrill will preside at the association's 1960 convention in San Francisco. The director has served as chairman of various APHA committees, including Research and Standards, Resolutions and Affiliated Societies and Branches.

Local Health Officers Conference Elects 1958-59 Officers

At the fall meeting in Los Angeles in October the California Conference of Local Health Officers elected the following officers for 1958-1959:

President, Dr. Henrik L. Blum, Contra Costa County Health Officer; President-elect, Dr. Everett Stone, Riverside County Health Officer; and Secretary, Dr. Herbert Bauer, Yolo County Health Officer.

Health Officer Changes

Garold L. Faber, M.D., former Butte County Health Officer, has been appointed health officer of the Fresno County Health Department. He succeeds Dr. Mary Hayes, health officer pro tem.

Jack J. Williams, M.D., has been appointed health officer pro tem of the San Joaquin Local Health District in the vacancy created by the resignation of Dr. Elmer M. Bingham.

Public Health Positions

Alameda County

Chief Public Health Analyst: Salary range, $505 to $613. Directs the records and statistics unit of the county health department. Requires college graduation and three years experience in statistical analysis of public health data, one year of which has been supervisory. Applications will be accepted until November 26th. Examination by written test and interview.

Public Health Analyst II: Salary range, $436 to $530. Preparation and analysis of tabulations, and presentation of public health data. Requires college degree plus two years of technical research or statistical experience, one of which must have been in the public health field, or a master's degree in biostatistics. Examination to include a written test (this can be administered in the locale of the candidate) and a personal interview.

Public Health Medical Officer: Salary range, $821 to $950. To work as an administrator of a county health department bureau. Requires California medical license, plus one year of graduate public health education, or one year of medical experience in public health. Examination by interview only.

Public Health Nurse: Salary range, $415 to $505. Generalized public health nursing program. Many positions include school nursing. Requires California public health nursing certificate or eligibility therefor. Examination by interview only.

For further information regarding any of these positions, write to Alameda County Civil Service Commission, 12th and Jackson Streets, Oakland 7, California, or telephone HI gate 4-0844, Extension 255.

Fresno County

Health Educator: Salary range, $476 to $595. Opportunity for progressive individual to organize and administer a comprehensive public health education program. There is no incumbent in this position. Requires M.P.H. degree from an accredited school of public health, plus two years professional experience. (Bachelor's degree plus two years professional experience may be substituted for M.P.H.) Apply by November 28th to Mr. Edward W. Firby, Director of Personnel, Fresno County Civil Service Office, Room 101, Hall of Records Building, Fresno, California.

Napa County

Sanitarian: Salary range, $358 to $436. Generalized sanitation program. Starting salary dependent on experience and qualifications. Retirement plan, medical plan, sick leave and three weeks vacation. Automobile required, mileage paid. California registration or qualification for same is required.

Public Health Nurse: Salary range, $358 to $436. Generalized public health program, Napa County, 50 miles from San Francisco. Liberal benefits. Starting salary dependent on training and experience. Automobile required; car allowance made.

Bacteriologist: Salary range, $395 to $481. Requires California license and two years experience in a generalized public health program.

For job descriptions and application for any of these positions write to Sterling S. Cook, M.D., Director of Public Health, Napa County Department of Public Health, P. O. Box 749, Napa, California.

Pasadena City

Sanitarian: Salary range, $423 to $515. Requires California certification as a registered sanitarian, U. S. citizenship, and California driver's license. Pasadena residence not required. Apply to Personnel Department, City Hall, Pasadena, California.

Santa Clara County

Public Health Bacteriologist: Salary range, $392 to $478. Requires California state certificate. Apply to W. Elwyn Turner, M.D., Director of Public Health, 2220 Moorpark Avenue, San Jose 28, California.

Funds Requested for Radiation Background Survey

A $270,000 statewide radiological health program has been proposed by the State Health Department as part of its annual budget.

This amount would permit the employment of technical personnel such as a health physicist, radiation engineers and radiochemists, the purchase of laboratory and field monitoring equipment, and establishment of a basic surveillance program which would encompass all of the elements which contribute to exposure of the public to radiation.

Working with other state and federal agencies, with medicine, universities, and industry, the health department's surveillance program would establish the baseline, or background level, of current radiation exposure of the public from rainwater, air, domestic water supplies and their sources, sewage, industrial and medical radiation equipment and foods, including milk, vegetables, meat and sea food.

The gathering of such baseline information is essential for the evaluation of future exposures of the population, for the initiation of comprehensive studies into the long-range genetic effects of radiation, and for the preparation of practical and effective protective and preventive measures.

NEWER PHOSPHATE ESTER INSECTICIDES AND IMPROVED TREATMENT OF POISONING *

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The phosphate ester insecticides have retained their prominent place as causes of poisoning by agricultural chemicals. Reports from the California Department of Public Health regarding occupational diseases [1] indicate that poisoning by this group of compounds is on the increase. Our purpose here is to review briefly some of the newer agents which we are now meeting on the farm or in the backyard garden, to consider some recent advances in the treatment of phosphate ester insecticide poisoning, and to consider briefly an agricultural pesticide educational program recently started in Santa Clara County.

Some Recently Developed Insecticides

Among the newer organic phosphate insecticides are Tetram, Thimet, Di-Syston, Phosdrin, Guthion, and Trithion. The structural relationship of these compounds may be compared to that of Parathion, which in itself indicates the many possibilities for future development of similar compounds which may be made by displacing the hydrogen in phosphoric acid or its derivatives. Phosdrin, an agent which attained new prominence last year, is a derivative of phosphoric acid. Thimet is derived from dithiophosphoric acid, and the others are made from thiophosphoric acid. In the order of decreasing toxicity we have Thimet, Di-Syston, Phosdrin, Guthion, and Trithion.

Granting that differences in the rate of skin absorption and differences in volatility have much to do with the rapidity with which the effects are seen, it will serve no useful purpose to make fine distinctions between these compounds. They all cause the same trouble. In order to emphasize this it must be remembered that, in general, all organic phosphates including these new compounds and those which will be developed in the future, will cause a prolonged inhibition of cholinesterase.

New Developments in Treatment

For some time the treatment of poisoning by phosphate ester insecticides agents has depended largely on the effects of atropine which has been said to block the action of acetylcholine by interfering with the ability of the cell to respond. However, atropine is only effective for muscarinic (cardiant, diaphoretic, saliva-producing) symptoms and has little or no effect on the nicotinic symptoms. These latter are sometimes highlighted by extreme muscular weakness and fatigue. Recently hydroxamic acid and certain oximes have been shown to be effective in counteracting these symptoms. Several years ago Wilson and Kewitz [2] reported on the action of oximes in experimental animals. More recently Namba and Hiraki [3] have confirmed the fact that these compounds are useful in the clinical treatment of persons who have been exposed to phosphate ester insecticides.

Grob and Johns [4,5] have made a thorough investigation of the action of pyridine 2-aldoxime methiodide and diacetylmonoxime. These compounds will protect against the effects of organophosphorous agents in humans. The exact mechanics of their protective action is not yet clarified, but the results suggest that this action is not yet clarified, but the results suggest that this action is due to a more general mechanism than the displacement of phosphorus from cholinesterase. After oral administration of OMPA, or other anticholinesterases, the marked decrease in muscle potential and tension was reversed by the administration of 2-PAM or DAM. The prior injection of oximes protected against the neuro-muscular blocking action of the anticholinesterase compounds. Intravenous injection of from 500 to 2,000 mg. of either compound over a five- or ten-minute period produces a moderate diminution of the weakness, reaching its peak effectiveness in about 10 minutes. Fasciculations are less affected and in about 20 minutes there is a return of some weakness and fasciculations which require another injection. Arterial injection produces a more rapid and stronger response.

Large doses of 2-PAM given intra-arterially will produce neuromuscular block and some cholinesterase inhibition. This blocking action does not appear to be due to depolarization since it is not effected by the prior administration of succinylcholine which is known to produce a depolarizing type of block. Furthermore the block is in no way effected by acetylcholine or neostigmine, but it is transitory.

Grob has suggested that these agents be used in addition to atropine and supportive measures in cases of moderate or severe poisoning. Namba and Hiraki have reported a series of cases in which 2-PAM was used. It was effective after either oral or parenteral administration and no serious side effects were noted. The cholinesterase levels showed variable response but generally there was some increase toward the normal level.

It seems quite likely that the oximes will gain a permanent place in the treatment of poisoning due to these agents. Since their effects are transitory and for other reasons equally basic, it is not recommended that they be used in a preventive fashion.

Agricultural Pesticide Educational Program

At the peak of the season Santa Clara County employs from 40 to 45 thousand agricultural workers. Approximately one-third of these are local people and the other two-thirds are migrant workers. Half of the migrant workers are domestic and half are immigrants. The greater portion of these latter are Mexican nationals.

Since the majority of the reported cases of poisonings by phosphate ester insecticides in our area occurred in Mexican nationals, it was initially felt that the program should be directed toward reducing the cases in this group. This approach has many complexities and perhaps the greatest of these is the fact that there is so much mobility of the workers within

* Based on a paper presented at the Northern California Public Health Associaton meeting in Alameda County, Castlewood Country Club, May 14, 1958.

the area. After some discussion it was thought best to approach this problem in a somewhat indirect manner. In talking with other groups who are interested in this problem it was learned that the development of interest and awareness was influenced a good deal by mass media, but that the final adoption of any major idea on the farm depends very largely on what the farmer thinks his neighbors and friends are doing about it *and* the information he gets from governmental agencies. Of these two, the influence of neighbors and friends is the greater. For this reason and because of personnel shortages, we approach this from a broad educational aspect.

The program is designed to keep abreast of the potentially hazardous pesticides, the dangers of their use, problems of residue toxicity, and to present this information by educational media to the farmer, medical profession, and other interested persons. The Agricultural Pesticide Advisory Committee, which has been formed to implement this program, is composed of representatives from the State Compensation Insurance Fund, California Division of Industrial Safety, Agricultural Extension Service, Progressive Growers Association, the Santa Clara County Agricultural Commissioner's Office, and the Santa Clara County Health Department. The Farm Bureau and the Grange Associations were active in the planning stages of this and have been informed of its progress. We have met with two major manufacturers of protective equipment and have considered certain deficiencies of equipment now available. Recommendations to overcome these deficiencies have been forwarded to the manufacturers.

A continuing educational program is planned for the committee, and for those field persons who are associated with the various organizations represented on the committee, to keep them up to date regarding new developments. The idea is to make each field worker the active representative of the committee and to help to develop methods for giving the necessary information to the farmer.

The problem of poisoning with phosphate ester insecticides is no doubt one that will be with us for some time. Depending on your point of view, we may be encouraged to know that various pests are becoming resistant to Parathion, and perhaps discouraged to know that an agent such as Phosdrin has been approved for use on the various crops, including broccoli, cabbage, strawberry, apple, and peach up to one day before harvesting.

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Dr. Kroeger Accepts Position in Arizona

Dr. C. R. Kroeger, former health officer of Imperial and Mendocino Counties, is now located in Florence, Arizona. He was compelled to resign his health officership in Mendocino County because of ill health. Dr. Kroeger's many friends in public health will be pleased to know that he is well again and is presently the Health Officer of Pinal County Health Department, with headquarters in Florence.

State Allocates Federal Funds

Federal funds amounting to $811,343 have been allocated by the State Health Department for the Fiscal Year 1958-59 to local departments which meet the standards for organized full-time health services. The sum represents the combined categorical grants for general health, tuberculosis, and maternal and child health. Additional funds are available to local health departments on a special project basis.

Aseptic Meningitis Syndrome Still Present in Many Areas

The aseptic meningitis syndrome continues to be reported from many areas of the State. Reports from the Viral and Rickettsial Disease Laboratory indicate that many of these cases continue to be of unknown etiology. However, mumps, Coxsackie B group, and occasional ECHO type viruses have been found to be associated with a number of these cases. As yet the only outbreak in which a single agent was identified was the Pasadena outbreak this summer in which Coxsackie B5 was found in association with many of the cases.

$63,490 in Training Stipends Granted 26 Health Students

Training stipends totaling $63,490 for 26 students in the field of public health have been granted to date by the department for the period 1958-59.

The funds will provide training in engineering, health education, public health nursing, sanitary science, and public health medicine at the University of California, University of Michigan, and University of Oregon.

At the conclusion of their training the students will receive the degree of master of public health. In addition, a number of registered nurses are taking training in the field of public health.

Registered Doctor's Nurse Title Unlawful for Non-RN's

At the request of the Board of Nursing Examiners, the Attorney General has issued an opinion that it is a violation of the Business and Professions Code for a person who is employed as a doctor's nurse, and who has not been licensed as a registered nurse in the State of California, to use the title "Registered Doctor's Nurse" or the letters "R.D.N." or to wear or display a pin with these letters.

A civilized community is marked by the extent to which time and money are voluntarily committed to the proper care of the very young, the very old, and the infirm. Individuals can do a great deal, but organized effort is called for as well.—*Journal of the American Medical Association, Vol 168, No. 8.*

New Concepts for Health Workers Available in SOPHE Monograph

The second of the series of Health Education Monographs published by the Society of Public Health Educators is now available to public health workers and others interested in the behavioral science aspects of furthering acceptance of public health recommendations.

Articles by two outstanding authors, Dr. Gordon Allport, Professor of Psychology, Department of Social Relations, Harvard University and Dr. Julius S. Prince, District Health Officer, New York State Department of Health, are presented in this publication.

In "Perception and Public Health," presented last spring at the Dorothy B. Nyswander Lecture in Berkeley, Dr. Allport analyzes the barriers to reception of well-founded messages about health principles and practices. He takes a new look at the whole field of social perception and in doing so adds the new word "proception" to the working vocabulary.

In his article, "The Health Officer and Community Power Groups," Dr. Prince gives a practical, down-to-earth method which the health department can use to determine the power structure of its community. He demonstrates a method of applying sound social science principles to public health practice, a topic of real concern to community health workers.

Copies of this monograph at $1 each are available from H. J. Weddle, 121 East 11th Street, Oakland 6, California. Checks should be made payable to Health Education Monographs.

Oldest Health Organization Takes New Name

At its October meeting in San Juan, Puerto Rico, the Pan American Sanitary Conference voted to change its name to "Pan American Health Organization," believing that the word "health" more accurately describes the character of the organization and its functions in the broad field of public health.

The title is also changed correspondingly in the other three official languages of the organization, French, Portuguese and Spanish. Membership includes the 21 American Republics, and France, Netherlands and the United Kingdom on behalf of their American territories. The name of the organization's operating arm in Washington, D. C., the Pan American Sanitary Bureau, remains unchanged.

X-ray Hazards Manual Available

The booklet entitled "A Practical Manual on the Medical and Dental Use of X-rays with Control of Radiation Hazard," produced by the Commission on Units, Standards and Protection of the American College of Radiology and cosponsored by the American Dental Association, is now available.

This graphically illustrated 30-page pamphlet realistically discusses radiation and its hazards and makes practical and economically feasible suggestions for reducing patient and operator exposure. Copies may be ordered from the American College of Radiology, 20 North Wacker Drive, Chicago 6, Illinois, at a cost of 25 cents each.

Value of Auto Seat Belts Proven By Crash Injury Research

As proven by Cornell Medical College research, assisted by the State Health Department, nearly 1,500 California traffic deaths, more deaths than occur from tuberculosis and polio combined, could be prevented annually if drivers would use seat belts in their automobiles and trucks.

The value of seat belts is not a matter of opinion, but of scientific fact well documented by crash injury research and by experience on the highway. Comparisons of nearly identical accidents taken from 10,000 injury cases analyzed by the automotive crash injury research teams at Cornell Medical College show that:

1. In an automobile accident in which you are not thrown out, your chances of being hurt increase by two and one-half times if you are not wearing a seat belt; your chances of a potentially fatal injury are three and one-half times greater without seat belts.

2. In an automobile accident in which you are thrown out (no seat belts), your chances of being injured are two and one-half times greater than are those for persons wearing seat belts and not thrown out. Under similar conditions, however, your chances of being killed if thrown from the car are eight times greater than those of persons wearing seat belts.

The installation of seat belts is one proven safety device that can be installed by all car and truck owners regardless of the age or make of the vehicle. Although safety devices are valuable in minimizing auto crash injuries, the best protection still is the alert and careful driver.

New Diabetes Control Guide Available

The newly revised edition of "Taking Care of Diabetes—A Guide for Instructors in a Patient Education Program" is now available in single copies upon request from the U. S. Department of Health, Education, and Welfare, Public Health Service, Bureau of State Services, Chronic Disease Program, Washington, D. C.

This revision brings the material up to date in relation to scientific advances in the field. It may be used with the 11 filmstrips and records available through the State Health Department's film library, or alone, as a resource in developing classes for diabetic patients or in individual teaching situations. The filmstrip kits are obtainable from United World Films, Government Department, 1445 Park Avenue, New York 29, New York. Cost per filmstrip is $9.10 for filmstrip and record. The cost for the entire kit is $100.

Research in Auditory Perception Being Conducted

The John Tracy Clinic of Los Angeles, under a research contract with the Crippled Children's Services of the California State Health Department and the Children's Bureau of the Department of Health, Education, and Welfare, is conducting an exploratory diagnostic study of young children with auditory perceptual disorders. An increasing weight of evidence suggests that many presumably deaf children have intact and functioning cochleas. These children do not display the classical symptoms of organic brain damage, aphasia, or

mental retardation. They do not respond to sound but, on the other hand, they do not respond to traditional training methods in the manner typical of deaf children.

This project is utilizing behavioral observations, bioelectric measurements of auditory functioning, evaluation of educational progress, and complete medical workups from a team consisting of a pediatrician, an otologist, a neurologist, and a psychiatrist. The objective is to more clearly define the disorder and to explore audiologic training methods appropriate for use with such children.

Two new testing techniques, suitable for use with young children, are being developed. Both techniques enable the investigators to evaluate a child's hearing by use of a conditioned eyelid response in one case and a conditioned cortical response in the other.

AFL-CIO Recommends Scholarships For Professional Workers

Within recent months the Services Committee, AFL-CIO, has sent to its local community services committees and others letters outlining recommendations on social and health matters.

As to shortage of professional workers the word is that they are "underpaid, underpraised, and unheralded." Hence it is suggested that community chests allocate for scholarships 1 percent of total funds raised annually.

For community health education and action, union-sponsored forums on various health problems are suggested, as well as activities looking to the development of effective public health departments.—*Bulletin of the National Advisory Committee on Local Health Departments, Vol. 12, No. 3.*

Recommendations Made by WHO For Health of Elderly

The WHO advisory group on the public health aspects of aging populations has agreed that adequate provisions will have to be made for the tremendous increase, proportional and absolute, in the number of old people in the community.

The following recommendations are made:

It should be determined whether retirement has an adverse effect on health. Standards for physical and mental fitness related to various occupations for the elderly must be formulated. The nutritional needs of the elderly must be established. Health education related to old age problems, and the collection of statistics concerning diseases among the elderly, must be improved. Occupational guidance should be available to persons before they retire, and alternative employment, perhaps part-time, should be available for the elderly, if desired.

Regarding housing for the elderly, a definite policy must be formulated. Small ground-floor apartments are perhaps the most convenient. Special attention should be given to preventing traffic and home accidents. Housing for the elderly should be in accord with local customs and previous patterns of living and should receive the same careful planning as for all other age groups. The elderly should not be isolated. Better training in nutrition and dietetics is needed for those who are responsible for meals for the elderly. Care for the aged is not a matter of charity but of social justice. The aged are full participating members of society, who have a right to choose freely how they wish to live, and when possible to take care of themselves as long as they desire.—*Journal of the American Medical Association, Vol. 168, No. 7.*

Rubella and Congenital Malformation Relationship Questioned by Study

A new look has been taken at the apparent high correlation between rubella and congenital malformation. The rates, reported by early observers, of the incidence of congenital deformations among live-born babies of women with rubella during the first trimester of pregnancy are now considered to be very high and incorrect, according to a recent study by Greenberg, Pellilteri and Barter reported in the *Journal of the American Medical Association.*

A 50 to 100 percent risk of congenital deformities was cited years ago. Data collected in the recent study indicates a rate of 10 percent of congenital deformities among live-born babies of mothers with rubella during the first three months of pregnancy is more nearly correct.

The reason for the wide discrepancy in incidence rates is attributed to two fallacies inherent in the older studies: (1) that they were retrospective—starting with malformed infants and obtained a history of the diseases that the mother had in pregnancy; and (2) that in many cases the diagnosis of rubella was not made by a physician.

The researchers admit, however, that there is still need for large-scale prospective studies with controls to definitely ascertain comparative rates of incidence.

Among conclusions reached by the investigators: Therapeutic abortion in pregnant women who develop rubella early in pregnancy is not medically justified, but physicians should advise parents to expose their susceptible young daughters to cases of rubella.

The March of Nostrums

The post office has reason to believe that medical frauds are more lucrative than any other criminal activity. Recently, 106 persons signed agreements to discontinue their questionable enterprises. They were earning $225,000 a *day*—that's an income of over $2,000 a day to the individual entrepreneur.

What do you suppose is the most popular medical fraud? Number one in this hit parade is the quest for losing weight without diet. Cancer cures come second and arthritis cures third. After that, and in order, come nostrums for clearing up the skin, for growing hair on bald pates and for restoring sexual potency. The next item on the best seller list is a bust developer. It would appear that no one ever went broke overestimating the force of human vanity.

Although the Post Office Department does very well in closing the mails to these frauds, new frauds seem to be born almost as rapidly as new customers. And you know how often that is—One Born Every Minute. From *The Journal of the Medical Society of New Jersey,* November, 1957.

Baltimore Requires Warning Label on Lead Paint

A recent item appearing in the *Baltimore Health News* regarding the labeling of lead paint may be of interest to California public health workers.

The mayor has approved a city ordinance regulating and controlling the labeling of all lead paint in the city. Warning labels are required in order to protect against the interior painting of dwellings with lead compounds.

The need for this ordinance was made known in Baltimore by recent cases of children who had been poisoned from eating lead paint. The health department focus is on interior surfaces and windowsills, rather than on toys, as it is difficult to authenticate any case of lead poisoning from toys in the United States.

Since 1931 in the 631 child lead poisoning cases and 115 deaths from lead paint in Baltimore children, more than half are considered to be windowsill cases. Other cases include a number from peeling lead paint falling from ceilings and upper walls of rooms, or from hot waterpipes across a ceiling, the paint having fallen to the floor where a child has picked it up and eaten it. Some of the most serious cases among children who survived became mentally deficient.

A part of the ordinance stipulates: "After one year from the enactment of this ordinance no label on a container of paint having more than one percent of lead shall indicate in any way that the product is suitable for use on interior surfaces of places used for the care of children or on interior surfaces of dwellings."

Appropriate Terminology

At the tenth annual meeting of the National Advisory Committee on Local Health Departments of the National Health Council held in Philadelphia last March, it was determined and recommended that the term "public health" be confined to the state and national levels, and that the term "community health" be adopted for use on the county and local levels. Most people are inclined, because of past experience, to consider public health as strictly a governmental function, whereas the words "community health" are more appealing to the local citizens because they feel that they belong to and are part of their community, and that their health protection is a community problem. The terminology "community health," therefore, appears to be more meaningful and significant to them, and should stimulate their interest and participation to a greater degree in any movement to raise the standards of their local health facilities and services.

The Committee on Preventive Medicine and Public Health is in accord with this thinking and suggests from a practical and physiological standpoint that the term "community health" be applied to counties and municipalities rather than "public health."

History shows that in the past, public and local health measures have been administered by a *few* for the masses, usually through the agency's authority and law enforcement. In the future, local health programs can reach their optimum effectiveness only through the active interest and co-operation of the *many*, and not merely the people's willingness to obey laws. —*The Physician and Public Health, published by the Medical Society of the State of Pennsylvania, Vol. 10*

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